FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					2 10	2. Jacuar Nama and Tiskar or Trading Cumbal										5. Relationship of Reporting Person(s) to Issuer					
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC									(Check all applicable)						
Grubbs William J						CCRN]									X	irector	ector		Owner		
(Last) (First) (Middle)																X Officer (give title below)				Other (specify below)	
C/O CROSS COUNTRY HEALTHCARE, INC.						3. Date of Earliest Transaction (Month/Day/Year)									President and CEO						
6551 PARK OF COMMERCE BLVD., N.W.				05/	05/13/2014																
				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6	6. Individual or Joint/Group Filing (Check Applicable							
(Street)						05/13/2014									Line)						
BOCA RATON FL 33487														X Form filed by One Reporting Person							
															Form filed by More than One Reporting Person						
(City)	(State)	(2	Zip)																	
			Table	e I - Nor	-Deriv	ative	Se	curitie	s Acc	quired,	Dis	osed o	f, oı	r Bene	fici	ally Ov	vned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Exe Day/Year) if a		A. Deemed Execution Date, f any Month/Day/Year)		3. 4. Securiti Disposed 5)					4 and Secur Benef Owne			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership		
									Code	v	Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock (restricted) ⁽¹⁾ 05/13/					3/2014	/2014			A		56,227		A	\$	0	112,956		D			
Common Stock (restricted) ⁽²⁾ 05/13/					3/2014				A		56,227		A	\$0		169,183		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercise Price of Derivative Security	n Dai	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of E		Expiration	o. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price Derivati Securit (Instr. 5	ve deri / Sec) Ber Ow Foll Rep Trai	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration	Title	of								

Explanation of Responses:

- 1. The restricted shares of common stock will vest in three equal installments. The installments will vest on March 31, 2015, March 31, 2016 and March 31, 2017.
- 2. The restricted shares of common stock will vest over a three year period based on the issuer achieving certain performance metrics.

Remarks

This amended Form 4 is being filed to correct the date on which the restricted shares of common stock referred to in footnote 1 will vest. All reported shares were granted on March 31, 2014, subject to approval of the 2014 Omnibus Incentive Plan by shareholders, which plan was approved on May 13, 2014.

<u>/s/ William J. Grubbs</u> <u>05/27/2014</u>

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.